

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/11/2586
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2	/	/					52						
3	/	/					53						
4	/	/					54						
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48	/	/					98						
49	/	/					99						
50	/	/					100						
TOTAL IND.	/	/					TOTAL IND.	/	/				
TOTAL DEP.	/	/					TOTAL DEP.	/	/				
TOTAL CLAIMS	/	/					TOTAL CLAIMS	/	/				